

WRECKER MONTHLY REPORT

INSTRUCTIONS

The information listed below is provided to assist you in preparing your monthly reports.

1. DUE DATE

- Please submit this report to the Department of Licensing by the 10th of the following month.
- To avoid delay and additional costs, please maintain a copy of all report sheets for each report in your files.

2. SUPPORTING DOCUMENTS

- The assigned number must be clearly marked and legible for all vehicles on all documents submitted with the report.
- Titles and releases of interest should be signed by the legal owner.
- All copies of original documents must be notarized.
- License plate numbers and vehicle identification (VIN) numbers should be clearly legible on each document.

3. FILLING OUT THE MONTHLY REPORT

A-G: Please fill out each section completely, for each vehicle you are reporting.

E: Please list all supporting documents that are attached to the report.

F: Please list the license plate number of the car and the state in which it was titled.

G: The date the car was purchased by you, and from whom you purchased this vehicle **MUST** be included.

VALUE THRESHOLD

(If you are on-line, click on the box to the left for more information, or go to:
<http://www.dol.wa.gov/vs/tr-salvage.htm>)

Based-on the “salvage vehicle” definition in RCW 46.12.005, mark "YES" if the vehicle meets the following criteria:

- passenger car, light-duty truck with a gross weight of 12,000 pounds or less, or a sport utility vehicle; **and**
- at least six years old but not more than twenty years old, **and**
- meets the current market value threshold

Otherwise, mark "NO".

- Your signature, witnessed by a notary, completes the form.
- *If no vehicles are received during the month, simply write “NONE”, sign and send the report to the department.*

WRECKER MONTHLY REPORT

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|---------------|---------------------------|---------------------|
| BUSINESS NAME | WRECKER LICENSE/PLATE NO. | REPORT FOR MONTH OF |
| ADDRESS | CITY | STATE |
| ZIP CODE | | |

| A. YARD NUMBER | B. YEAR | C. MAKE | D. MOTOR OR VEHICLE IDENTIFICATION NUMBER | E. SUPPORTING DOCUMENTS | F. LICENSE NUMBER, STATE & YEAR | G. PURCHASE | | MEETS VALUE THRESHOLD ? | |
|-------------------|---------|---------|--|----------------------------|------------------------------------|-------------|-----------|---------------------------------|--------------------------------|
| | | | | | | DATE | FROM WHOM | | |
| | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

I certify that: (1) the vehicles listed were legally purchased for the purpose of my vehicle wrecker business; (2) the license plates listed have been destroyed, as required; (3) this is a true report of all vehicles and vehicle salvage purchased by me in the last 30 days.

REPORT IS DUE BY THE 10TH OF THE FOLLOWING MONTH
 PLEASE SEE REVERSE FOR INSTRUCTIONS
 AND EXPLANATION OF **VALUE THRESHOLD**

X

 SIGNATURE OF MOTOR VEHICLE WRECKER

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|----------------------|---|
| NOTARY SEAL OR STAMP | <div style="text-align: center;">NOTARIZATION / CERTIFICATION</div> <div style="display: flex; justify-content: space-between;"> <div>State of Washington County of _____</div> <div>Signed or attested before me on _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>by _____ <small>Printed Name of Person Signing Document</small></div> <div>Signature _____ <small>Notary / Agent</small></div> </div> <div style="text-align: center; margin-top: 10px;">Notary's Name (PRINTED or STAMPED) _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Title _____ <small>Notary / Agent</small></div> <div> AND: Dealer No. OR County / Office No. OR Notary Expiration Date _____ </div> </div> |
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